



Last Updated: 07/28/2022

Prohibition to Charge Medicaid Members Out-of-Pocket for Covered Substance Use Disorder Services

The purpose of this Department of Medical Assistance Services (DMAS) provider bulletin is to restate Virginia Medicaid requirements on the prohibition of Medicaid providers requiring or accepting cash or other items of monetary value in exchange for Medicaid-covered substance use disorder (SUD) treatment services. Accepting payment for Medicaid covered-services from an enrolled member is federally prohibited in accordance with 42 CFR § 447.15, and 12 VAC 30-10580, as well as the Medicaid Provider Agreements. The requirements are stated in the April 10, 2018 Medicaid memo located online at: www.virginiamedicaid.dmas.virginia.gov.

This bulletin also serves to remind Medicaid providers that the Virginia Board of Medicine has amended the Code of Virginia, effective July 1, 2019. The amendment as enacted by the General Assembly is located: <https://lis.virginia.gov/cgi-bin/legp604.exe?191+ful+CHAP0223>. Pursuant to §54.1-2910.3:1 any licensed provider is prohibited by the Board of Medicine to request or require a patient who is enrolled with Medicaid to pay out-of-pocket for the provision of the following services:

- Prescribing of an opioid for the management of pain; or
- Prescribing of buprenorphine-containing products, methadone, or other opioid replacements approved for the treatment of opioid addiction by the U.S. Food and Drug Administration for medication-assisted treatment of opioid addiction.

The Code further requires that if the provider chooses to provide these services to a Medicaid member, not only can they not request or require the member to pay out-of-pocket, the provider shall also provide written notice to the member and document in the member's record that:

- DMAS will pay for such health care services meeting medical necessity criteria as defined in the *Addiction and Recovery Treatment Services (ARTS)* provider manual; and
- The provider does not participate with DMAS or its contractors and will not accept payment from DMAS nor its contractors for such health care services.

More information about the ARTS benefit is located online at: <http://www.dmas.virginia.gov/#/arts>.



MEDICAID BULLETIN

Inquiries about the ARTS benefit may be sent to: SUD@dmas.virginia.gov.



Medicaid Expansion

New adult coverage begins January 1, 2019. Providers will use the same web portal and enrollment verification processes in place today to verify Medicaid expansion coverage. In ARS, individuals eligible in the Medicaid expansion covered group will be shown as “MEDICAID EXP.” If the individual is enrolled in managed care, the “MEDICAID EXP” segment will be shown as well as the managed care segment, “MED4” (Medallion 4.0), or “CCCP” (CCC Plus). Additional Medicaid expansion resources for providers can be found on the DMAS Medicaid Expansion webpage at: <http://www.dmas.virginia.gov/#/medex>.

PROVIDER CONTACT INFORMATION & RESOURCES	
Virginia Medicaid Web Portal Automated Response System (ARS) Member eligibility, claims status, payment status, service limits, service authorization status, and remittance advice.	www.virginiamedicaid.dmas.virginia.gov
Medicall (Audio Response System) Member eligibility, claims status, payment status, service limits, service authorization status, and remittance advice.	1-800-884-9730 or 1-800-772-9996
KEPRO Service authorization information for fee-for-service members.	https://dmas.kepro.com/
Managed Care Programs Medallion 4.0, Commonwealth Coordinated Care Plus (CCC Plus), and Program of All-Inclusive Care for the Elderly (PACE). In order to be reimbursed for services provided to a managed care enrolled individual, providers must follow their respective contract with the managed care plan/PACE provider. The managed care plan may utilize different guidelines than those described for Medicaid fee-for-service individuals.	
Medallion 4.0	http://www.dmas.virginia.gov/#/med4
CCC Plus	http://www.dmas.virginia.gov/#/cccplus
PACE	http://www.dmas.virginia.gov/#/longtermprograms



Department of Medical Assistance Services
600 East Broad Street
Suite 1300
Richmond, VA 23219

<https://dmas.virginia.gov>

MEDICAID BULLETIN

Magellan Behavioral Health

Behavioral Health Services Administrator, check eligibility, claim status, service limits, and service authorizations for fee-for-service members.

www.MagellanHealth.com/Provider

For credentialing and behavioral health service information, visit: www.magellanofvirginia.com, email:

VAProviderQuestions@MagellanHealth.com, or call: 1-800-424-4046

Provider HELPLINE

Monday-Friday 8:00 a.m.-5:00 p.m. For provider use only, have Medicaid Provider ID Number available.

1-804-786-6273

1-800-552-8627